



Building a Strong Foundation for the Transition to Value

*Tammy Norville
Technical Assistance Director
June 2, 2021*

National Organization of **State Offices of Rural Health**

Learning Objectives



- Describe characteristics of value-based health care.
- Define the cornerstone of the business of healthcare.
- Describe the components of a strong business foundation and flexible infrastructure.

Road Map

- Logistics
- Getting to Know Each Other
- NOSORH & the Power of Rural Movement
- Question of the Day
- Characteristics of Value-Based Healthcare
- Cornerstone of the Business
- Strong Foundation & Flexible Infrastructure
- Conclusions & Wrap-Up
- Contact Information

THANKS!!



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RURAL HEALTH
RESOURCE CENTER

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A Little About You!

- Where are you from (state, city, organization name, etc.)?
- What's your role (CEO, Office Manager, Provider, Clinical Support, QI, etc.)?
- What do you hope to get out of today's session?

A Little About Me!

- North Carolina native
- Graduate of UNC-Chapel Hill
- Holds CPC-I, CPC, RMM, RMC, RMB certifications
- Worked at NC ORH for almost 15 years providing TA to rural safety-net providers across the state



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Most Interesting...



Ryder

Buster

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Important Fact!



I am not clinical.



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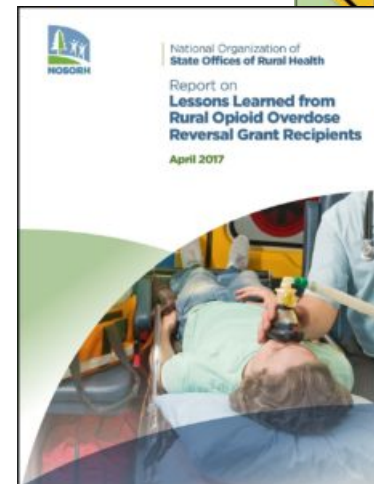
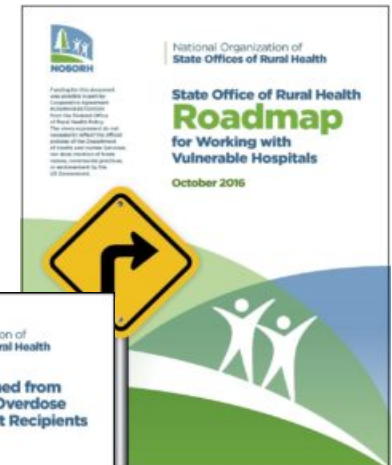
NOSORH promotes the capacity of State Offices of Rural Health and rural stakeholders to improve health in rural America through leadership development, advocacy, education and partnerships.

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- Rural EMS Conference
- Grant Writing Workshops & on demand Beyond the Basics webinars
- TruServe Web-Based Performance Measures

[**nosorh.org**](http://nosorh.org)



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State Offices of Rural Health (SORH) have three core functions:

Information Dissemination
Rural Health Coordination
Technical Assistance

SORHs are the connection to State and Federal resources for hospitals, clinics and thousands of rural health partners across the United States and work to improve access to health care in rural and underserved areas



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There is a State Office of Rural Health in Every State!

About Us	Divisions & Offices	Programs	Providers	Publications	Budget & Performance	Meetings & Notices
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Divisions & Offices


- ▶ Health Information Technology
- ▶ Healthcare Facility Regulation
- ▶ Office of Inspector General
- ▶ Information Technology
- ▶ Office of Communications & Legislative Affairs
- ▶ Financial Management
- General Counsel
- ▶ Office of Health Planning

Operations

- ▶ Human Resources
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Home » Divisions & Offices » Operations » State Office of Rural Health

State Office of Rural Health



Patricia Whaley, Executive Director
502 Seventh St. South, Cordele, GA 31015-1443
Ph: 229-401-3090
General Fax: 229-401-3077 • Administrative Fax: 229-401-3084

About SORH

The State Office of Rural Health (SORH) works to improve access to health care in rural and underserved areas and to reduce health status disparities.

Objectives

- Empower communities to strengthen and maintain the best possible health care using existing resources.
- Provide up-to-date health systems information and technical assistance.
- Build strong partnerships to meet local and regional needs.
- Provide incentives to local areas to implement integrated service delivery systems.
- Be the single point of contact for all regional issues related to health care.

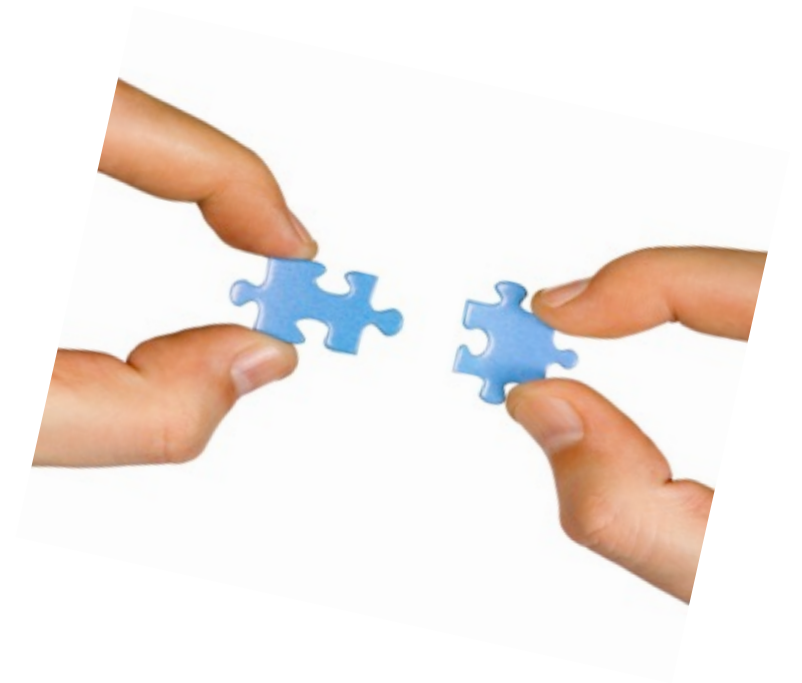
Facts

- Rural Georgians are less healthy than those living in urban areas
- Rural Georgians are more likely to be under-insured or uninsured
- Rural Georgians are more likely to suffer from heart disease, obesity, diabetes and cancer

For more facts, visit [SORH Publications](#).

The Role of SORH

- Neutral conveners
- Source for rural health data
- Expert at leveraging resources
- Connection to statewide and national partners

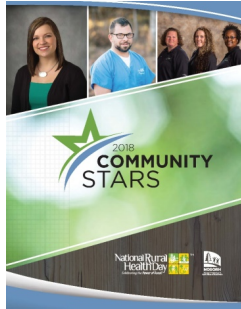


Working Toward the Same Goal

- Older
- Sicker
- Poorer

*Make our rural communities
more well*

Power of Rural Campaign



Nominate your stars!

Founded to bring attention to:

- Rural America is a great place to live and work and be a healthcare provider
- Quality and innovation are abundant in rural communities
- Disparities do exist and can be addressed through joint national, state and local efforts
- Growing beyond the day into a movement!



powerofrural.org

Power of Rural Tenets

- Collaborate
- Educate
- Communicate
- Innovate

Question to Ponder

How might a focus on these 4 processes/concepts impact the operational efficiency of our business?

Leads to:

- organizational capacity building
- improved (enhanced) patient outcomes resulting from enhanced team performance
- improved operational efficiency and
- long-term organizational sustainability

Operational efficiency provides forward momentum on the journey to **VALUE!!**

Question of the Day

WHY?



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WHY?

Why do you do what you do in the
way you do it?

Thoughts?

Why ask Why?

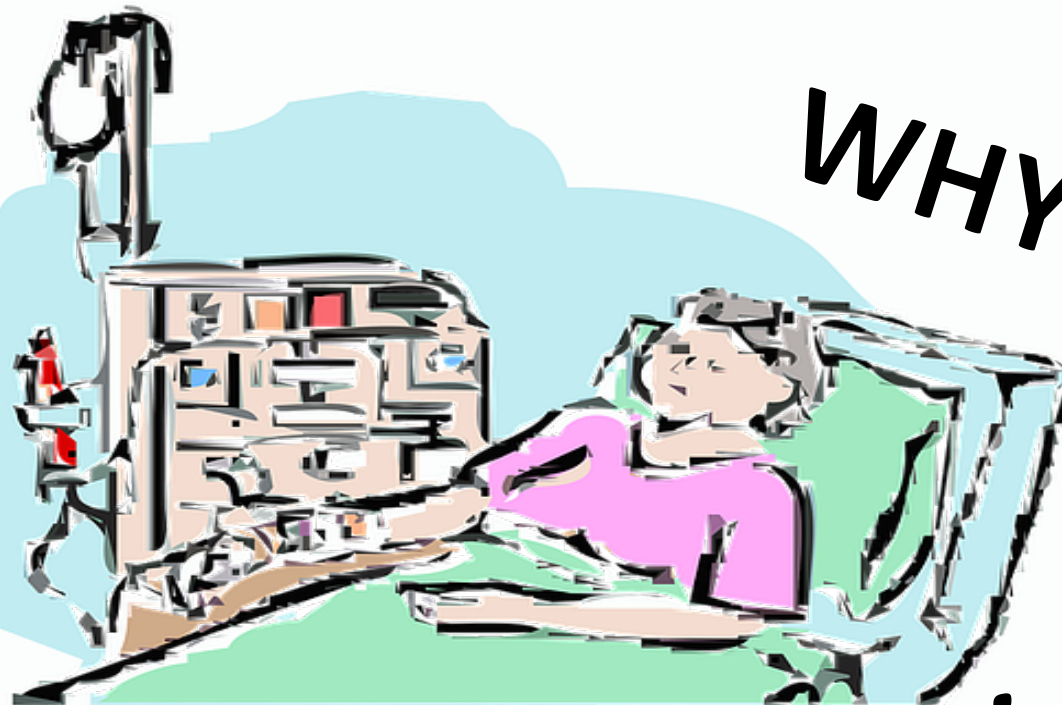
Why is it important to understand **WHY** your organization does what it does in the way that it does it?

Simon Sinek – Start with Why
YouTube - TED Talk (edited)

Medical Necessity



WHY?



WHY?

WHY?

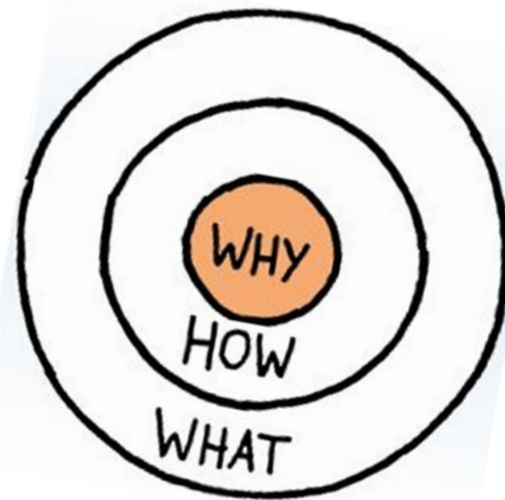
**It's the right
thing to do!**

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Quality & Value in RHCs



Helping our patients and communities become more well.



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Operational Perspective



COMPONENTS

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Value-Based Healthcare

Characteristics



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Definitions



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Value-Based Defined



STEEEP - more in a minute

Triple Aim - better patient outcomes, improved patient satisfaction and lower costs

Quadruple Aim - improved patient outcomes, improved patient satisfaction and lower cost PLUS health care professional [provider, clinical support] well-being

Source: AMA - What is value-based care? These are the key elements;
<https://www.ama-assn.org/print/pdf/node/42281>

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STEEEP



- **“Safe:** Avoiding patient harm from care provided that is intended to help.
- **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Effective:** Providing services based on scientific knowledge [medical decision-making/judgement] to those who could benefit and not providing services to those not likely to benefit (avoiding underuse and misuse).
- **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
- **Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. [patient-centric]”

Source: Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001.
<https://www.ncbi.nlm.nih.gov/books/NBK22274/>; ARHQ Six Domains of Health Care Quality, <https://www.ahrq.gov/talkingquality/measures/six-domains.html>

CMS Says...



What are the value-based programs?

Value-based programs reward health care providers with incentive payments for the quality of care they give to people with Medicare. These programs are part of our larger quality strategy to reform how health care is delivered and paid for. Value-based programs also support our three-part aim:

- Better care for individuals
- Better health for populations
- Lower cost

Source: CMS Value-Based Programs;

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs>

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Value-Based Defined (again)



“Value-Based payment programs reward healthcare providers with incentive payments for the quality of care they give to people with Medicare. These programs are part of CMS’s larger quality strategy to reform how healthcare is delivered and paid for. Value-Based programs support better care for individuals, better health for populations, and lower cost.”

Source: Office of the National Coordinator for Health Information Technology; Health IT Playbook; <https://www.healthit.gov/playbook/value-based-care/#section-6-1>

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Value-Based Defined (once more)



“Value-based care refers to the departure from a system in which providers were paid for the number of healthcare services provided (e.g., tests, visits, procedures), to a focus on an approach designed around patients, for improved health, quality delivery of care, and lower cost of care.”



Source: <https://nosorh.org/wp-content/uploads/2017/09/SORH-RHC-ENGAGEMENT-TOOLKIT-Final.pdf>

Value-Based Defined (continued)



“Value-based care focuses on:

- Provider ***payment incentives*** that reward value rather than volume
- Models of care delivery that ***coordinate and integrate clinical services*** for both patients and communities, with a ***focus on prevention and wellness***
- ***Information sharing*** that creates transparency on the cost and quality of care to support better decision-making by providers and consumers”

Source: <https://nosorh.org/wp-content/uploads/2017/09/SORH-RHC-ENGAGEMENT-TOOLKIT-Final.pdf>

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What's the Big Deal?



Why do we care about value?

Are value and quality the same things?

Why should we want to move to value based service delivery?

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Medical Necessity (once more)



WHY?



WHY?

WHY?

**It's the right
thing to do!**

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Medical Necessity (continued)



Need to answer:

- ☐ *What service is needed?*
- ☐ *Why are we performing the service?*
- ☐ *How will the service be performed?*
- ☐ *Who will perform the service?*
- ☐ *Where will the service be performed?*

Connecting Medical Necessity & Value



In our value definition it says “...focus on an approach designed around patients, for improved health, quality delivery of care, and lower cost of care.”



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Documentation

The ***cornerstone*** of the
business.

*(aka, If it's not documented, it didn't happen and therefore
cannot be coded nor billed for reimbursement.)*

Measuring



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Health Care Value Equation



Source: HIMSS Center for Innovation; Healthcare IT News;
<https://www.healthcareitnews.com/sponsored-content/solving-healthcare-value-equation-0>

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Variability



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Variability

*Agency for Healthcare Research & Quality
(AHRQ)*

Health Care Quality: How Does Your State Compare?

**Comparison of the 50 States and the District of Columbia
Across All Health Care Quality Measures**

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Cornerstone of the Business

Clinical Documentation



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Documentation (continued)



The **cornerstone** of the business.

(aka, If it's not documented, it didn't happen and therefore cannot be coded nor billed for reimbursement.)

Like Dominoes

Incomplete documentation,
leads to incomplete coding,
leads to incomplete billing, leads
to incomplete reimbursement.



Documentation Components



There are seven components in CPT and the CMS's documentation guidelines for E/M Services:

1. History
2. Physical examination
3. Medical decision making (complexity/intensity)
4. Nature of the presenting problem
5. Counseling
6. Coordination of care
7. Time (complexity/intensity)

Documentation (again)

The **cornerstone** of the business.

(aka, If it's not documented, it didn't happen and therefore cannot be coded nor billed for reimbursement.)

Foundation & Infrastructure

Strength & Flexibility



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Operational Perspective



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Strong Foundation

- Starts with the Question of the Day
- WHY?
- Build from there - must have complete and accurate documentation - CDI program (clinical documentation improvement)
- Operational Efficiency

Operational Efficiency Defined

Production of a high-quality service or product while reducing waste in time, effort and materials as much as possible

Operational Efficiency Defined (continued)

Calculate your business's operational efficiency, sum of total operating expenses and divide by your total revenue.

$$\text{Total Operating Expenses} / \text{Total Revenue} = \text{Operational Efficiency}$$



Why Operational Efficiency?

Sweet spot to long-term sustainability

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Flexible Infrastructure



- Trust
- Emotional Intelligence
- Vision
- Leaders eat last
- Try, Try Again
- I think I can! I think I can!

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Clinical Documentation in an RHC

The **cornerstone** of the
business.

*(aka, If it's not documented, it didn't happen and therefore
cannot be coded nor billed for reimbursement.)*

***Importance to the business is no different than
any other provider type!!***

Conclusion & Wrap Up

Making the Pieces Fit



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Telling the Story



- Use reports (aka, data) to tell the story of the services provided.
- Every service has a purpose – or don't do it, right? (aka, medical necessity)
- Why, How & What of the service
- Connect to value

Next is another tool to help tell your story!

Operational Efficiencies & the Transition to Value



- How do we reconcile determining operational efficiency threshold (quantitative) to the transition to value (qualitative)?
- How can we use these determinations to frame up the transition to value-based care?

Documentation (once more)



The **cornerstone** of the business.

(aka, If it's not documented, it didn't happen and therefore cannot be coded nor billed for reimbursement.)

Operational Perspective (continued)



COMPONENTS

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Value-Based Defined (furthermore)



“Value-based care refers to the departure from a system in which providers were paid for the number of healthcare services provided (e.g., tests, visits, procedures), to a focus on an approach designed around patients, for improved health, quality delivery of care, and lower cost of care.”



Source: <https://nosorh.org/wp-content/uploads/2017/09/SORH-RHC-ENGAGEMENT-TOOLKIT-Final.pdf>

Value-Based Defined (further)



“Value-based care focuses on:

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Documentation (further)



The **cornerstone** of
the business.

*(aka, If it's not documented, it didn't happen
and therefore cannot be coded nor billed for
reimbursement.)*

It Takes A Village



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It's Time



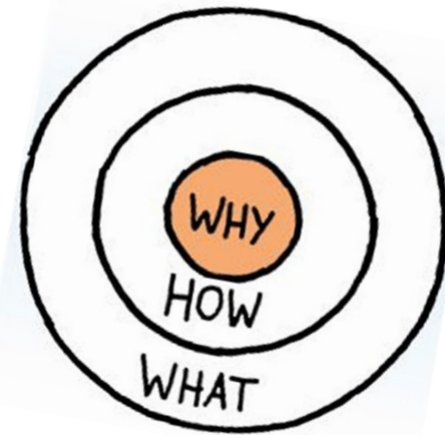
*It's time for rural providers
to prepare for quality-
driven programs that will
directly impact value and,
therefore, reimbursement.*

It's Time

Quality & Value in RHCs (continued)



*Helping our patients and
communities become more well.*



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One Final Question



What's one take away
from today's session?



Final Thoughts

- Continue learning with us – this is a 3-session education series!
- Tap into your State Office of Rural Health—When you don't know where to go – reach out to your State Office of Rural Health (SORH)! It's the “one-stop-shop” of Rural Health Expertise!

*That's why we're here!
(Contact information is at the
end of slide deck!)*



Questions??



Resources & Contact Information

Ongoing Assistance



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Resources



National Organization of State Offices of Rural Health (NOSORH)

<https://nosorh.org/>

The Power of Rural (#powerofrural)

<http://www.powerofrural.org/>

Rural Health Provider Transition Project (RHPTP)

<https://www.ruralcenter.org/rhptp>

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Resources (continued)



CMS Rural Health Clinic Center

<https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>

CMS Critical Access Hospital Center

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CAHs.html>

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Resources (once more)



Medicare Learning Network (MLN)

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf>

Rural Providers and Suppliers Billing

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/RuralChart.pdf>

Resources (final)



Rural Health Value (RUPRI)

<https://ruralhealthvalue.public-health.uiowa.edu/>

Rural Health Information Hub

<https://www.ruralhealthinfo.org/>

National Rural Health Resource Center

<https://www.ruralcenter.org/>

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Ongoing Assistance



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goodbye coda
bye-bye
Auf-wiedersehen
thankyou envoi
adieu
seeya
cheers
regards godspeed
toodle-oo Au-revoir
Arrivederci
farewell conclusion
sayonara
cheerio
ciao culmination
so long
adios



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Thanks so much!
Your participation is appreciated!

Tammy Norville
NOSORH Technical Assistance Director
Phone: 919.689.5110
Mobile: 919.215.0220 (including text)
Email: tammyn@nosorh.org

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Thank You!!



Ryder & Buster

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